STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014229	A. BUILDING: _____ B. WING _____	09/28/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WAUKEGAN TERRACE	860 SOUTH LEWIS AVENUE WAUKEGAN, IL 60085

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Z 000	COMMENTS Annual Statement of Licensure Violations	Z 000		
Z9999	FINDINGS 350.620a) 350.1210 350.1230d) 2) 350.3240a) Section 350.620 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually. Section 350.1210 Health Services The facility shall provide all services necessary to maintain each resident in good physical health. These services include, but are not limited to, the following: Section 350.1230 Nursing Services d) Direct care personnel shall be trained in, but are not limited to, the following: 2) Basic skills required to meet the health needs and problems of the residents Section 350.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. These requirements were not met as evidenced by:	Z9999	Attachment A Statement of Licensure Violations	

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Z9999	Continued From page 1 Based on interview and record review, the facility neglected to provide proper wheelchair security for 1 of 1 individuals (R1) in the sample who uses a wheelchair on 7/30/15 when R1's wheelchair tipped in the van during transport to the workshop due to staff not properly strapping the wheelchair in the van. R1 sustained abrasions and a fractured right clavicle. Findings include: Per Facility Policy No. 5.57 (Revised 06/15) Physical Injury and Illness/Individual Medical Emergencies, Policy: Individuals served by the agency shall receive timely and effective medical service for physical injuries and illnesses and medical emergencies. Definitions. Neglect: "Failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness." Per Facility Policy No. 5.24 (Revised 08/15) Investigative Committee, Policy: The home shall establish an Investigative Committee to assist in the protection of individual rights and to provide a liaison between the individual and the administration of the home. Purpose: The Investigative Committee shall be responsible for the following: A. To identify, review and determine if alleged violations of any individual's rights, including abuse and neglect have occurred. C. To protect individuals from further harm. G. The administrator shall make the final decision as to the appropriate action required, taking into consideration the findings and recommendations of the committee." Per Facility Policy No. 5.29 (Revised 06/15) Quality Assurance Committee, Procedure 7. QA (Quality Assurance) review all incidents and	Z9999		

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Z9999	Continued From page 2 accidents: including issues that pose a safety risk to an individual, such as change of condition and unusual incidents (either resulting in observable injury or not resulting in observable injury), injuries and bruises of unknown origin, and involving individuals and/or staff to ensure that no patterns or trends are occurring. Committee will implement a plan of correction when necessary to prevent future incidents or accidents. Per the 7/30/15 Individual Service Plan, R1 is an individual with diagnoses including Moderate (Intellectual Disability), Down Syndrome, NIDDM (Non Insulin Dependent Diabetes Mellitus), CAD (Coronary Artery Disease), Chronic R(right) Heart Failure, Osteoporosis and Bilateral Blindness. R1's Medical History reports R1 uses the wheelchair for most daily activities due to diminished eyesight capacity. On 3/14/15, R1 began Hospice Services due to health deterioration. Motor Skills assessment reports limited to negligible skills, comparable to an average individual at age 7 months. Communication assessment reports that per R1's speech evaluation is noted to have mild to moderate deficits in receptive language and moderate deficits in expressive language. R1 was able to participate in basic adult level conversation. R1 has no observable deficit in comprehending single words, understanding or answering yes/no questions, or following simple directions. Social Interaction and Communication Skills assessment for R1 are reported to be very limited to negligible; performance comparable to that of the average individual at age 1-2. Facility Form GP-15 Progress Note on 7/30/15 at 11:15 AM reports "Direct Support Person (DSP) E12 made a right turn driving the van and then R1's wheelchair tipped over and R1 hit her head	Z9999		

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Z9999	Continued From page 3	Z9999		

on the floor of the van. R1 was strapped in still after the fall. E12 picked R1 and the wheelchair up off the ground and called for help. Cause: Unknown. Head and arm involved, 3 lacerations on the right side of the head, scrapes on right arm. EMT (emergency medical technician) cleaned lacerations on head with water and gauze."

R1's X-ray report confirms a service completed on 8/05/15 (interpreted on 8/05/15 at 10:47 PM) for right clavicle X-ray with impressions of fracture of the right clavicle.

Facility Interviews with Workshop staff Z2, Z6, Z7 and Z8 confirm that R1 was seen bleeding on the head with blood dripping/running down the face and that R1 was screaming "ow" or saying "it hurts." There was blood on the floor and the lift and R1's cross strap/van seatbelt/lapbelt was not applied.

Facility Report to IDPH dated 8/6/15 includes notice of change of condition for R1 including "R1 suffered a fall during transpiration to Workshop. During the fall, R1 suffered a minor fracture with no displacement on her clavicle. Physician E13 ordered a sling for R1."

Facility Safety Committee dated 8/6/15 provides summary of "7/30/15, R1 tipped over in her wheelchair when pulling into the parking lot at Workshop. Taken to ER for examination. On 8/03/15, R1 displayed a yellowish bruise on her right shoulder. The doctor was contacted and ordered an X-ray. The X-ray was completed on 8/5/15 with Hospice services and results were given on 8/6/15. R1 was diagnosed with a fractured clavicle. The investigation was completed and witness report that R1 was not

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Z9999	Continued From page 4	Z9999		

fastened correctly with her seat belt. Staff will continue to monitor R1 for bruising and further injury."

Direct Support Person (DSP) E9 was asked on 9/21/15 at 12:51 PM regarding any training received from the facility regarding proper security of wheelchair in the van. E9 confirmed that other DSP's, not the facility, instructed E9 on how to secure wheelchair in the van and it would be great if the facility provided formal training on how to properly secure wheelchairs in the van to ensure safety of individuals.

House Manager E5 was asked on 9/21/15 at 1:04 PM regarding any training received from the facility regarding proper wheelchair security in the van. E5 confirmed no facility training was provided regarding proper wheelchair security in the van, that E5 is a certified nurse aid and it's common sense to apply the straps for the wheelchairs. And that Maintenance staff E14 trained E5 on backing up the van and driving the van.

Qualified Intellectual Disabilities Professional E2 validated on 9/21/15 at 11:30 AM that the facility has not provided re-training to any of the facility staff who are van-trained since the 7/30/15 incident of R1. E2 added "R1's wheelchair was not properly fastened to the van by E12. Most DSP's are van-trained and they have to demonstrate safety practices instructed to them. DSP's have to physically demonstrate locking the wheelchair in the van and the person in the wheelchair. Review (with DSP's) is done when there's a need."

Facility Representative E1 validated on 9/22/15 at 11:40 AM that DSP E12 was alone when R1 was

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Z9999	Continued From page 5	Z9999		

driven to the state facility for identification card renewal. E12 was the only staff who assisted R1 back into the van to transport R1 to the workshop. At 12:17 PM, E1 and surveyor reviewed Form GA-9 In-service education/meeting report on 8/31/15 with attendance by van-trained staff E5 and E11. This GA-9 form identifies that Vehicle Policy 5.14 was reviewed at the meeting.

Vehicle Policy No. 5.14 (Revised 05/15) on Vehicle Policy and Procedure was reviewed by surveyor with E1. Policy No. 5.14 do not contain any information regarding safety procedure of securing the wheelchairs in the van. E1 confirmed on 9/22/15 at 12:17 PM that Policy No. 5.14 do not say anything about needing to engage all five locks for wheelchair security in the van.

E1 added at 12:30 PM on 9/22/15 that van training is provided to DSP's by E1, Maintenance staff E14 and E15 and the QIDP E2. This training includes road test with demonstration of understanding Policy No. 5.14.

Facility Form T-90 (Revised 02/14) Subject: Van Training include objectives of fastening wheelchair and person.

Facility Form GA-106 (Revised 03/15) Driver's Follow-Up lists "4. Fastens wheelchair in vehicle. 5. Use of seat belts, including ensuring the individual in the wheelchair is secured in the wheelchair."

Undated T-90 on Van Training instructed by E14 was provided as documentation that DSP E9 was van trained.

E1 provided documentation that Home Manager E5 and Direct Support Person (DSP) E6 were

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Z9999	Continued From page 6 trained by receiving in-service on Van training on 4/22/15 and 6/24/15. And DSP's E9, E10 and E11 were trained by receiving driver's follow up on 2/18/15, 3/25/15 and 2/18/15. Despite facility documentation of training provided to van-trained DSP's prior to the 7/30/15 incident of R1, DSP's E5 and E11 confirm via interviews that facility did not provide them training on proper security of wheelchairs in the van for individuals who may need them. No re-training has been provided to the van-trained DSP's since the facility confirmed that R1's wheelchair was not properly secured in the van on 7/30/15. (A)	Z9999		

IMPOSED PLAN OF CORRECTION
NAME OF FACILITY: Waukegan Terrace-14G354
DATE AND TYPE OF SURVEY: 9/28/15, Annual

Licensure Violations:
350.620a)
350.1210
350.1230d) 2)
350.3240a)

Section 350.620 Resident Care Policies
a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually.

Section 350.1210 Health Services
The facility shall provide all services necessary to maintain each resident in good physical health. These services include, but are not limited to, the following:

Section 350.1230 Nursing Services
d) Direct care personnel shall be trained in, but are not limited to, the following:
2) Basic skills required to meet the health needs and problems of the residents

Section 350.3240 Abuse and Neglect
a) *An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.*

This will be accomplished by:

I. The facility will review policy and procedures on all nursing services including: Physical Injury and Illness/Individual Medical Emergencies, abuse and neglect and make policies available to all staff, residents and public, at a minimum the following:
   A. Recognition of situations that could lead to resident injury and/or death.
   B. Appropriate reporting procedures for staff.
   C. Appropriate and thorough investigations and follow-ups of accident hazards, inadequate assistance devices and supervision.
   D. The facility's responsibilities to prevent further potential abuse and or neglect while the investigation is in progress.

II. The facility will conduct MANDATORY in-services for all staff within 30 days that addresses, at a minimum, the following:
   A. How to identify and report allegations or suspicions of abuse or neglect and implement facility policies on nursing services.
   B. Any new or revised policies and procedures, including actions needed to follow them that are developed as a result of this Plan of Correction.
   C. All staff will be informed of their specific responsibilities and accountability for the care provided to residents.
   D. Documentation of these In-Services will include the names of those attending, topics covered, location, day, and time. This documentation will be maintained in the Administrator's office.

I. The following actions will be taken to prevent re-occurrence.
   A. The above In-Service Education will be reviewed with all staff on a regular basis.
   B. Supervisory staff will ensure that the State Regulations regarding nursing and health services (reporting and follow-up) are followed.
   C. Supervisory staff will ensure there is a sufficient quantity of resident care equipment of satisfactory design and in good condition with trained staff to carry out established resident care procedures.

III. Documentation of in-service training, assessments and related follow up actions will be maintained by the facility.

Attachment B
Imposed Plan of Correctio

IMPOSED PLAN OF CORRECTION
NAME OF FACILITY: Waukegan Terrace-14G354
DATE AND TYPE OF SURVEY: 9/28/15, Annual

IV. The Administrator, the facility representative will monitor Items I through III to ensure compliance with this Imposed Plan of Correction.

Completion Date: Seven days from receipt of the Imposed Plan of Corrections.

Attachment B
Imposed Plan of Correction